



Agency Name: _____

Site Address: _____

Distribution Date: _____

# of People in household	Annual	Monthly	Weekly
1	\$25,520	\$2,126	\$490
2	\$34,480	\$2,873	\$663
3	\$43,440	\$3,620	\$835
4	\$52,400	\$4,366	\$1,007
5	\$61,360	\$5,113	\$1,180
6	\$70,320	\$5,860	\$1,352
7	\$79,280	\$6,606	\$1,524
8	\$88,240	\$7,353	\$1,696
For each additional family member add:	\$8,960	\$746	\$172

Please read the following statement carefully, complete the requested information and sign below to receive food from this distribution:

By signing this form, I declare that I am either:

- 1. In need of emergency food OR***
- 2. A participant in WIC, CSFP, FIP, SNAP or my child receives free/reduced meals at school,***
- 3. In a household where the income falls at or below the posted federal poverty guidelines (see table to the left)***

	Print Name	Signature	Street Address	Zip	Ages 0-17	Ages 18-59	Ages 60 +	Total # in Household
1								
2								
3								
4								
5								
6								
7								
8								

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This institution is an equal opportunity provider.

Revised 4/6/2020